

**ARCADIA LOCAL SCHOOL
2019-2020**

Interdistrict Open Enrollment Application

Date: _____

Name of Student _____
(First) (Middle) (Last)

Student's Date of Birth _____ Male _____ Female _____ Phone: _____
(Month/date/year)

Parent/Guardian's Name: _____

Address: _____
(Street) (City) (Zip Code) (County)

Current Grade Level for 2018-2019 _____ Grade Level of Student for 2019-2020 _____

Does this student require any special services? (Circle one) Yes or No

If yes, please explain: _____

Does this student have an Individualized Education Plan (IEP)? (Circle one) Yes or No

Is the student interested in a vocational program? (Circle one) Yes or No

Has this student been suspended a total of 10 days **or** expelled during the 2018-2019 school year?
(Circle one) Yes or No

Name of school district of residence: _____

Name of school district student wishes to attend: _____

*****I understand that if my child is a current student in Arcadia Local Schools, all school fees/fines/balances must be paid in full prior to consideration of open enrollment for 2019-2020. Initial here _____**

Signature of Parent/Guardian approving release of this student's school records to Arcadia Local School: _____
(Signature of Parent/Guardian) (Date)

Applications will be accepted beginning March 1, 2019, 7:00 a.m. and no later than March 29, 2019. Requests will be acted on no later than April 12, 2019.

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(For Office Use Only)

Application received by: _____ Date: _____ Time: _____ am pm
School employee

Approved: _____ Denied: _____
If denied, give reason: _____

(Signature of Official Accepting Student) (Date)